

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">For FY 2009</h2>		Application Number	10/719,534-Conf. #3460
		Filing Date	November 21, 2003
		First Named Inventor	Anthony H. Cincota
		Examiner Name	S. E. Aeder
		Art Unit	1642
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	02591/100B206-US3
TOTAL AMOUNT OF PAYMENT		(\$) 555.00	

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number 04-0100
 Deposit Account Name Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
 23 - 24 or HP x = Fee (\$) Fee Paid (\$)
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 2 - 3 or HP x = Fee (\$) Fee Paid (\$)
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2253 Extension for response within third month 555.00

SUBMITTED BY			
Signature	/Andrew K. Holmes/	Registration No. (Attorney/Agent)	51,813
Name (Print/Type)	Andrew K. Holmes	Telephone	(212) 527-7700
		Date	October 27, 2008

AMENDMENT TRANSMITTAL LETTER				Docket No. 02591/100B206-US3	
Application No. 10/719,534-Conf. #3460	Filing Date November 21, 2003	Examiner S. E. Aeder	Art Unit 1642		
Applicant(s): Anthony H. Cincota et al.					
Invention: GROWTH INHIBITION AND ERADICATION OF SOLID TUMORS USING NEUROENDOCRINE RESETTING THERAPY AND PHOTODYNAMIC THERAPY					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	23	- 24 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					555.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					555.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-0100</u> in the amount of \$ <u>555.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
/Andrew K. Holmes/				Dated: <u>October 27, 2008</u>	
Andrew K. Holmes Attorney/Agent Reg. No.: 51,813 DARBY & DARBY P.C. P.O. Box 770 Church Street Station New York, New York 10008-0770 (212) 527-7700					